MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/520615**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓							51				✓		
2		✓						52				✓		
3		✓						53				✓		
4		✓						54				✓		
5		✓						55				✓		
6		✓						56				✓		
7		✓						57				✓		
8		✓						58				✓		
9		✓						59				✓		
10		✓						60				✓		
11		✓						61				✓		
12		✓						62				✓		
13		✓						63				✓		
14		✓						64				✓		
15		✓						65				✓		
16		✓						66				✓		
17		✓						67				✓		
18		✓						68				✓		
19		✓						69				✓		
20		✓						70				✓		
21		✓						71				✓		
22		✓						72				✓		
23		✓						73				✓		
24		✓						74				✓		
25		✓						75				✓		
26		✓						76				✓		
27		✓						77				✓		
28		✓						78				✓		
29		✓						79				✓		
30		✓						80				✓		
31	✓							81				✓		
32		✓						82				✓		
33		✓						83				✓		
34		✓						84				✓		
35		✓						85				✓		
36		✓						86				✓		
37		✓						87				✓		
38		✓						88				✓		
39		✓						89			✓			
40		✓						90				✓		
41	✓							91				✓		
42		✓						92				✓		
43		✓						93				✓		
44		✓						94				✓		
45		✓						95				✓		
46		✓						96				✓		
47		✓						97			✓			
48	✓							98				✓		
49			✓					99				✓		
50				✓				100			✓			
TOTAL IND.	5		5					TOTAL IND.						
TOTAL DEP.	84		47					TOTAL DEP.						
TOTAL CLAIMS	89		52					TOTAL CLAIMS						